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Image# 14953219914

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Committee	Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	T ▼ Example: If typing, type over the lines.	12FE4M5	
The Committee to	Elect Mark Allie	gro	<u> </u>	
ADDRESS (number and st	reet) 41 Metoxit Roa	nd 		
Check if differe than previously reported. (ACC)	East Falmouth		MA 02536	5
2. FEC IDENTIFICAT	ION NUMBER ▼	CITY ▲	STATE A	ZIP CODE
C C00550715		3. IS THIS NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT MA 09
July 15 Qua October 15 X January 31		(b) 12-Day PRE-Election Report for the: Primary (12P) Convention (12C) Election on General (30G) Election on	General (12G) Special (12S)	in the State of Special (30S) in the State of
5. Covering Period	M M / D D /	Y Y Y Y Y through 12	M / D D / Y 31	y y y y 2014
I certify that I have exam Type or Print Name of Ti		the best of my knowledge and belief it is	true, correct and con	nplete.
Signature of Treasurer	Ms Kelly M Jason	[Electronically Filed] ete information may subject the person signing	Date 12 / Date	29 / Y Y Y Y Y Y Y Y 2014
Office Use Only	o, choricous, or incomple	se memater may subject the person signific	F	EC FORM 3 (Revised 02/2003)

SUMMARY PAGE

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01

of Receipts and Disbursements

2014

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2014

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

The Committee to Elect Mark Alliegro

Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 81811.30 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 3000.00 2755.00 (from Line 20(d)) (c) Net Contributions (other than loans) -3000.00 79056.30 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 5529.24 132720.07 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 5529.24 132720.07 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of -547.49 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 64338.12 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name The Committee to Elect Mark Alliegro 2014 12 31 2014 Report Covering the Period: From: 10 01 To: I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Election Cycle Total as of** Total for 04 2014 05 (date after general election) (date of general election) through 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than 31 2014 Political Committees (last day of reporting period) Itemized (use Schedule A) 0.00 48845.59 0.00 Unitemized 0.00 30060.71 0.00 (iii) Total of contributions from individuals 0.00 78906.30 0.00 Political Party Committees 0.00 1600.00 0.00 Other Political Committees 0.00 0.00 805.00

Report of Receipts and Disbursements

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FEC Form 3 (Revised 1/01)

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
	(d) The Candidate		
	0.00	500.00	0.00
	(e) TOTAL CONTRIBUTIONS (other than lo	pans) (add Lines 11(a)(iii), (b), (c) and (d))	
	0.00	81811.30	0.00
12.	TRANSFERS FROM OTHER AUTHORIZED	COMMITTEES	
	0.00	0.00	0.00
13.	LOANS: (a) Made or Guaranteed by the Candidate		
	8525.00	55148.28	1890.00
	(b) All Other Loans		
	0.00	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	
	8525.00	55148.28	1890.00
14.	OFFSETS TO OPERATING EXPENDITURE	S (Refunds, rebates, etc.)	
	0.00	0.00	0.00
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	
	0.00	0.00	0.00
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14	and 15)	
	8525.00	136959.58	1890.00

Heport of Heceipts and Disbursements FEC Form 3 (Revised 1/01) PAGE 5 / 25				
Write or Type Committee Name				
The Committee to Elect Mark Alli	iegro			
Report Covering the Period: From:	10 01 / 2014	To: 12 31 / 2014		
II. DISBURSEMENTS				
COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)		
17. OPERATING EXPENDITURES				
5529.24	132720.07	3102.00		
18. TRANSFERS TO OTHER AUTHORIZED (COMMITTEES			
0.00	420.00	0.00		
19. LOAN REPAYMENTS:(a) Of Loans Made or Guaranteed by the	e Candidate			
0.00	0.00	0.00		
(b) Of All Other Loans				
0.00	0.00	0.00		
(c) TOTAL LOAN REPAYMENTS (add Li	ines 19(a) and 19(b))			
0.00	0.00	0.00		
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Politic	ool Committees			
(a) Individuals/Fersons Other Than Folido	al Committees			
3000.00	2755.00	400.00		
(b) Political Party Committees				
0.00	0.00	0.00		

Report of Receipts and Disbursements

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FEC Form 3 (Revised 1/01)

COLUMN A COLUMN B COLUMN C **Total this Period** Election Cycle Total as of * Total for * (date after general election) (date of general election) through * (last day of reporting period) (* See page 5 for date) (* See page 5 for dates) Other Political Committees (such as PACs) 0.00 0.00 0.00 TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c)) 400.00 3000.00 2755.00 21. OTHER DISBURSEMENTS 0.00 0.00 0.00 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21) 135895.07 3502.00 8529.24 III. NET CONTRIBUTIONS (OTHER THAN LOANS) (Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e)) -3000.00 79056.30 -400.00 IV. NET OPERATING EXPENDITURES (Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17) 5529.24 132720.07 3102.00 V. CASH SUMMARY -543.25 CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... 24. TOTAL RECIEPTS THIS PERIOD (from Line 16)..... 8525.00 7981.75 25. SUBTOTAL (add Line 23 and Line 24)..... 8529.24 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) -547.49

SC ITE

ge# 14953219920			
HEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 25 (check only one) 11a
/ information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alli	iegro		
Full Name (Last, First, Middle Initial) Mr. Mark C Alliegro			Date of Receipt
Mailing Address 41 Metoxit Road			10 24 2014
City East Falmouth	State MA	Zip Code 02536	Transaction ID : SA13A.5791
FEC ID number of contributing federal political committee.	C H4	MA09052	Amount of Each Receipt this Period
Name of Employer Marine Biological Laboratory	Occupation Scientist	1	6635.00 Loan from Candidate's Personal Funds
Receipt For: 2014 Primary General Other (specify)	Election Cy	ycle-to-Date 59807.74	
Full Name (Last, First, Middle Initial) Mr. Mark C Alliegro			Date of Receipt
Mailing Address 41 Metoxit Road			11 08 2014
City East Falmouth	State MA	Zip Code 02536	Transaction ID : SA13A.5792
FEC ID number of contributing federal political committee.	C H4N	MA09052	Amount of Each Receipt this Period
Name of Employer	Occupation	1	1890.00
Marine Biological Laboratory Receipt For: 2014 Primary General Other (specify)	Scientist Election Cy	ycle-to-Date 1890.00	Loan from candidate's personal funds
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address	Cto+o	Zin Codo	M M / D D / Y Y Y Y Y
City	State	Zip Code	

В.	Full Name (Last, First, Middle Initial) Mr. Mark C Alliegro Mailing Address 41 Metoxit Road		Date of Receipt 11 08 2014
	City	State Zip Code	Transaction ID : SA13A.5792
	East Falmouth	MA 02536	
	FEC ID number of contributing federal political committee.	С н4МА09052	Amount of Each Receipt this Period
	Name of Employer	Occupation	1890.00
	Marine Biological Laboratory	Scientist	Loan from candidate's personal funds
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date	
	Full Name (Last, First, Middle Initial)		Date of Receipt
C.	Mailing Address City	State Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
Г	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		8525.00 8525.00
_			FEC Schedule A (Form 3) (Revised 02/2009)

SCHEDULE B (FEC Form 3)

	FOR LINE NUMBER: (check only one)					PA	GE	8	OF	2	5
Use separate schedule(s)											
for each category of the Detailed Summary Page		X	17		18			19a		1	9b
			20a		20b			20c		2	1
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.											

ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro Full Name (Last, First, Middle Initial) Date of Disbursement Authorize.net 2014 Mailing Address P.O. Box 8999 03 City State Zip Code Amount of Each Disbursement this Period CA San Fransisco 94128 Purpose of Disbursement 21.43 online services 001 Transaction ID: SB17.5815 Candidate Name Category/ The Committee to Elect Mark Alliegro Type Office Sought: Disbursement For: 2014 House Senate Primary General Other (specify) President MΑ State: District: Full Name (Last, First, Middle Initial) Bond Printing and Marketing Date of Disbursement Mailing Address P.O. Box 43 11 01 2014 City Zip Code State Amount of Each Disbursement this Period MA 02339 Hanover 375.04 Purpose of Disbursement Printing 006 Transaction ID: SB17.5816 Candidate Name Category/ The Committee to Elect Mark Alliegro Type Disbursement For: Office Sought: House 2014 Senate Primary General President Other (specify) District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Bond Printing and Marketing Mailing Address P.O. Box 43 2014 City Zip Code State Amount of Each Disbursement this Period 02339 Hanover MA 128.78 Purpose of Disbursement

Candidate Name The Committee to Elect Mark Allie	O06 Category/ Type	Transact	ion I	D : 8	\$B17	7.581	7			
Senate	nent For: 2014 Primary General Other (specify)									
SUBTOTAL of Disbursements This Page (optional)					5					

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

25 FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro Full Name (Last, First, Middle Initial) Date of Disbursement Entercom Boston WRKO-AM 2014 Mailing Address 20 Guest Street 07 3rd Floor City State Zip Code Amount of Each Disbursement this Period MA **Boston** 02135 Purpose of Disbursement 3100.00 Radio Advertising 004 Transaction ID: SB17.5818 Candidate Name Category/ The Committee to Elect Mark Alliegro Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) iHeart Media Date of Disbursement Mailing Address 154 Barnstable Road 01 2014 City State Zip Code Amount of Each Disbursement this Period MA 02601 Hyannis 250.00 Purpose of Disbursement Radio advertisin 004 Transaction ID: SB17.5819 Candidate Name Category/ The Committee to Elect Mark Alliegro Type Disbursement For: Office Sought: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Quantum of Cape Cod, LLC Mailing Address 154 Barnstable Road 2014 City State Zip Code Amount of Each Disbursement this Period 02601 Hyannis MA Purpose of Disbursement 1640.00 radio advertising - debt 004 Transaction ID : SB17.5814 Candidate Name Category/ The Committee to Elect Mark Alliegro Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: MA District: 09 4990.00 SUBTOTAL of Disbursements This Page (optional)..... 5515.25 TOTAL This Period (last page this line number only).....

A. Mrs.

Office Sought:

State:

House

Senate

District:

President

C.

SCHED **ITEMIZ**

Image# 14953219923			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: PAGE 10 OF 25 (check only one) 17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro			
Full Name (Last, First, Middle Initial) A. Mrs. Mary Anne Alliegro			Date of Disbursement
Mailing Address 41 Metoxit Road			11 04 2014
City State E. Falmouth MA Purpose of Disbursement	Zip Code 02536		Amount of Each Disbursement this Period 2600.00
Candidate Name The Committee to Elect Mark Alliegro		010 Category/ Type	Transaction ID : SB20A.5793
Office Sought: House Senate President Disbursement Formany Other (.,,,,,	
State: MA District: 09 Full Name (Last, First, Middle Initial)			
3. Mr. Richard Padelford			Date of Disbursement
Mailing Address 411 Snipatuit Road			11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Rochester MA	Zip Code		Amount of Each Disbursement this Period
Rochester MA Purpose of Disbursement Refund of contributions designated to the General Election	02770	010	400.00
Candidate Name The Committee to Elect Mark Alliegro		Category/ Type	Transaction ID : SB20A.5794
Office Sought: House Disbursement Formation		1,500	
State: MA District: 09 Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City State Z	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			
Candidate Name		Category/	

Type

General

Disbursement For:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Primary

Other (specify)

3000.00

3000.00

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4678 NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mr. Mark C Alliegro General Mailing Address Other (specify) \blacktriangledown 41 Metoxit Road City State ZIP Code MA 02536 East Falmouth Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 99.00 0.00 99.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} 20 2013 0.00 n/a % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 99.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4679 NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mr. Mark C Alliegro General Mailing Address Other (specify) \blacktriangledown 41 Metoxit Road City State ZIP Code MA 02536 East Falmouth Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 15.94 0.00 15.94 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^м 12^м 2013 0.00 n/a % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 15.94 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

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(check only one) Detailed Summary Page Transaction ID: SC/10.4680 NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mr. Mark C Alliegro General Mailing Address Other (specify) \blacktriangledown 41 Metoxit Road City State ZIP Code MA 02536 East Falmouth Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 280.25 0.00 280.25 **TERMS** Date Incurred Date Due Interest Rate Secured: ^м 12^м ^D14 2013 0.00 n/a % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 280.25 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4681 NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mr. Mark C Alliegro General Mailing Address Other (specify) \blacktriangledown 41 Metoxit Road City State ZIP Code MA 02536 East Falmouth Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 22.09 0.00 22.09 **TERMS** Date Incurred Date Due Interest Rate Secured: ^м 12^м ^D14 2013 0.00 n/a % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 22.09 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4682 NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mr. Mark C Alliegro General Mailing Address Other (specify) \blacktriangledown 41 Metoxit Road City State ZIP Code MA 02536 E. Falmouth Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 96.00 0.00 96.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^м 12^м ^D16 2013 0.00 n/a % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 96.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.5021 NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mr. Mark C Alliegro General Mailing Address Other (specify) 41 Metoxit Road State ZIP Code City MA 02536 East Falmouth Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 39000.00 0.00 39000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D30 ^M 06^M ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 39000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.5644 NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mr. Mark C Alliegro General Mailing Address Other (specify) 41 Metoxit Road City State ZIP Code MA 02536 East Falmouth Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 9000.00 0.00 9000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M ž014 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 9000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.5791 NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mr. Mark C Alliegro General Mailing Address Other (specify) 41 Metoxit Road City State ZIP Code MA 02536 East Falmouth Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6635.00 0.00 6635.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D24^D ^M 10^M ž014 0.00 n/a % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 6635.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.5792 NAME OF COMMITTEE (In Full) The Committee to Elect Mark Alliegro LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Mr. Mark C Alliegro General Mailing Address Other (specify) \blacktriangledown 41 Metoxit Road State ZIP Code City MA 02536 East Falmouth Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1890.00 0.00 1890.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= м} 08 ž014 0.00 n/a % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 1890.00 TOTALS This Period (last page in this line only) 57038.28 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

PAGE 20 OF FOR LINE NUMBER: (check only one)

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NA

The Committee to Elect	t Mark	Alliegro		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Mark C Alliegro		Nature of Debt (Purpose): Advance - Business Wire Press Release		
Mailing Address 41 Metoxit Road				_
City State	Zip Code			
East Falmouth	MA	02536		
Outstanding Balance Beginning This Period				Transaction ID : SD10.4685
715.00				
Amount Incurred This Period	Payı	ment This Period		Outstanding Balance at Close of This Period
0.00	7	,	0.00	715.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):
Mr. Mark C Alliegro				Advance - PayPal online account set up fee
Mailing Address 41 Metoxit Road				_
City State	Zip Code			
East Falmouth	MA	02536		
Outstanding Balance Beginning This Period 75.00				Transaction ID : SD10.4688
Amount Incurred This Period	Payı	ment This Period		Outstanding Balance at Close of This Period
0.00	7		0.00	75.00
C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			Nature of Debt (Purpose):
Mr. Mark C Alliegro				Advance Digicert, Inc On-line security certificate
Mailing Address 41 Metoxit Road				
City	State	Zip Code		
East Falmouth	MA	02536		
Outstanding Balance Beginning This Period				Transaction ID : SD10.4689
295.00				
Amount Incurred This Period	Payı	ment This Period		Outstanding Balance at Close of This Period
0.00	7		0.00	295.00
) SUBTOTALS This Period This Page (optional)			>	1085.00
) TOTALS This Period (last page this line number	only)		>	
) TOTAL OUTSTANDING LOANS from Schedule (C (last page on	ıly)	>	, , , , , , , , , , , , , , , , , , , ,
) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page	e only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS Excluding Loans

(Use separate		
schedule(s)		
for each		
numbered line)		

PAGE 21 OF FOR (chec

LINE NUMBER:		
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NAME OF COMMITTEE (In Full)

The Committee to Ele	ct Mark Allieg	ro
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Mark C Alliegro		Nature of Debt (Purpose): Advance New Wave Printing stationery
Mailing Address 41 Metoxit Road		
City State East Falmouth	Zip Code MA 02536	
Outstanding Balance Beginning This Period 100.41		Transaction ID : SD10.4690
Amount Incurred This Period	Payment This Per	iod Outstanding Balance at Close of This Period
0.00	7	0.00
B. Full Name (Last, First, Middle Initial) of Deb Mr. Mark C Alliegro	tor or Creditor	Nature of Debt (Purpose): Advance - Campaign Buttons
Mailing Address 41 Metoxit Road		
City State East Falmouth	Zip Code MA 02536	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4694
134.95		
Amount Incurred This Period	Payment This Per	iod Outstanding Balance at Close of This Period
0.00	, , , , , , , , , , , , , , , , , , , ,	0.00 134.95
C. Full Name (Last, First, Middle Initial) of De Mr. Mark C Alliegro	otor or Creditor	Nature of Debt (Purpose): Advance - Rackspace email service
Mailing Address 41 Metoxit Road		
City East Falmouth	State Zip Code MA 02536	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4695
76.00		
Amount Incurred This Period	Payment This Per	iod Outstanding Balance at Close of This Period
0.00		0.00 76.00
1) SUBTOTALS This Period This Page (optional)		311.36
2) TOTALS This Period (last page this line numb	per only)	>
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	
4) ADD 2) and 3) and carry forward to appropri	ate line of Summary Page (last	page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF FOR LINE NUMBER: (check only one)

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Excluding Loans NA

The Committee to Elect	t Mark	Alliegro			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Mark C Alliegro			Nature of Debt (Purpose): Advance - Travel expense meal at CPAC		
Mailing Address 41 Metoxit Road				_	
City State	Zip Code			_	
East Falmouth	MA	02536			
Outstanding Balance Beginning This Period 4.27				Transaction ID : SD10.4697	
Amount Incurred This Period	Payı	ment This Period		Outstanding Balance at Close of This Period	
0.00			0.00	4.27	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):	
Mr. Mark C Alliegro				Advance - travel expense MassPort travel to CPAC 2014	
Mailing Address 41 Metoxit Road					
City State East Falmouth	Zip Code MA	02536			
Outstanding Balance Beginning This Period 81.00	IMA	02000		Transaction ID : SD10.4698	
Amount Incurred This Period	Pavi	ment This Period		Outstanding Balance at Close of This Period	
0.00	7	7	0.00	81.00	
C. Full Name (Last, First, Middle Initial) of Debtor Mr. Mark C Alliegro	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Mark C Alliegro			Nature of Debt (Purpose): Advance MassGOP Convention fees 2014	
Mailing Address 41 Metoxit Road				_	
City	State	Zip Code			
East Falmouth	MA	02536			
Outstanding Balance Beginning This Period				Transaction ID : SD10.4700	
1500.00					
Amount Incurred This Period	Payı	ment This Period		Outstanding Balance at Close of This Period	
0.00	7		0.00	1500.00	
) SUBTOTALS This Period This Page (optional)			>	. 1585.27	
) TOTALS This Period (last page this line number	only)		>	, , , , , , , , , , , , , , , , , , , ,	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)				, , , , , , , , , , , , , , , , , , , ,	
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SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

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ME OF COMMITTEE (In Full)			
he Committee to Elec	t Mark	Alliearo	
A. Full Name (Last, First, Middle Initial) of Debto Mr. Mark C Alliegro		<u> </u>	Nature of Debt (Purpose): Advance - USPS East Falmouth Postage
Mailing Address 41 Metoxit Road			
City State	Zip Code		_
East Falmouth	MA	02536	
Outstanding Balance Beginning This Period 245.00			Transaction ID : SD10.4701
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	,	0.00	245.00
B. Full Name (Last, First, Middle Initial) of Debtor Mr. Mark C Alliegro	or Creditor		Nature of Debt (Purpose): Advance - Catering Campaign event at MassGOP convention 2014
Mailing Address 41 Metoxit Road			
City State	Zip Code		
East Falmouth	MA	02536	
Outstanding Balance Beginning This Period 4073.21			Transaction ID : SD10.4702
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	,	0.00	4073.21
C. Full Name (Last, First, Middle Initial) of Debto Authorize.net	or or Creditor		Nature of Debt (Purpose): online services
Mailing Address P.O. Box 8999			
City	State	Zip Code	
San Fransisco	CA	94128	
Outstanding Balance Beginning This Period 21.43			Transaction ID : SD10.5788
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	9	21.43	0.00
SUBTOTALS This Period This Page (optional))	4318.21
TOTALS This Period (last page this line number	only))	
TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	
ADD 2) and 3) and carry forward to appropriate	line of Summ	nary Page (last page only)	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each

PAGE 24 OF FOR LINE NUMBER (check only one)

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ME OF COMMITTEE (In Full)				
he Committee to Ele		ro	1	2.1.4
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bond Printing and Marketing			Nature of Debt (Purpose): 1000 remittance envelopes - Printing Service	
Mailing Address P.O. Box 43				
City State	Zip Code		-	
Hanover	MA 02339	MA 02339		' ID OD40 5700
Outstanding Balance Beginning This Period 375.04			Transacti	ion ID : SD10.5780
Amount Incurred This Period	Payment This Pe	riod	Outstand	ing Balance at Close of This Peri
0.00		375.04		0.00
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of E	Debt (Purpose):
Bond Printing and Marketing				head - Printing Services
Mailing Address P.O. Box 43				
City State Hanover	Zip Code MA 02339			
Outstanding Balance Beginning This Period			Transacti	ion ID : SD10.5779
128.78				
Amount Incurred This Period	Payment This Pe	riod	Outstand	ing Balance at Close of This Per
0.00		128.78		0.00
C. Full Name (Last, First, Middle Initial) of Del Entercom Boston WRKO-AM	otor or Creditor			Debt (Purpose): vertising 9/03/14-9/09/14
Mailing Address 20 Guest Street 3rd Floor				
City	State Zip Code MA 02135			
Boston Outstanding Balance Beginning This Period	MA 02135		Transact	tion ID : SD10.5781
3100.00				
Amount Incurred This Period	Payment This Pe	riod	Outstand	ing Balance at Close of This Per
0.00	, , , ,	3100.00		0.00
CURTOTAL C. This David This Dave (autional)				0.00
SUBTOTALS This Period This Page (optional)				7
TOTALS This Period (last page this line numb			\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7
TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	P	.	
ADD 2) and 3) and carry forward to appropria	ate line of Summary Page (last	page only)		7 7 7 7

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 25 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

The Committee to Elect Mark Alliegro

	he Committee to Elec	it Mark A	lliegro		
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor iHeart Media			Nature of Debt (Purpose): Radio Advertising - WXTK 9/9/14	
ŀ	Mailing Address 154 Barnstable Road			_	
	City State Hyannis	Zip Code MA	02601		
	Outstanding Balance Beginning This Period 250.00			Transaction ID : SD10.5783	
	Amount Incurred This Period 0.00	Paymer	at This Period 250.00	Outstanding Balance at Close of This Period 0.00	
<u> </u>	B. Full Name (Last, First, Middle Initial) of Debtor Quantum of Cape Cod, LLC	or Creditor		Nature of Debt (Purpose): Radio Advertising WXTK - 9/1/14-9/8/14	
ı	Mailing Address 154 Barnstable Road				
Ī	City State Hyannis	Zip Code MA	02601		
	Outstanding Balance Beginning This Period 1640.00 Amount Incurred This Period 0.00	Paymer	nt This Period 1640.00	Transaction ID : SD10.5785 Outstanding Balance at Close of This Period 0.00	
-	C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):	
İ	Mailing Address				
	City	State 2	Zip Code		
	Outstanding Balance Beginning This Period				
	Amount Incurred This Period	Paymer	nt This Period	Outstanding Balance at Close of This Period	
1)	SUBTOTALS This Period This Page (optional)		>	0.00	
2)	TOTALS This Period (last page this line number	only)	•	7299.84	
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page only).	•	57038.28	
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			64338.12	